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| REQUISITION FOR LOCAL DUPLICATING SERVICE | | | | 1. DATE OF REQUEST | | 2. DATE REQUIRED | | 3. JOB NUMBER | | | | | | | |
| PART A - REQUEST | | | | | | | | | | | | | | | |
| 4. REQUESTING OFFICE | | | | | 5. DELIVERY INSTRUCTIONS | | | | | | | | | | |
| a. ORGANIZATION | | | b. BUILDING | | c. ROOM NO. | | a. DELIVER TO | | | | | | | | |
| d. FOR REFERENCE CONSULT: (1) Name | | | (2) Telephone Number | | b. PERSON TO CALL IF TO BE PICKED UP (1) Name | | | (2) Telephone Number | | | | | | | |
| 6. DESCRIPTION OF JOB | | a. APPROPRIATION CHARGEABLE | | | | | | | | | | | | | |
| b. TITLE, FORM NO., ETC. | | | | c. CLASSIFICATION <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified <input type="checkbox"/> Other (Specify) | | d. NO. OF ORIGINALS | | e. NO. OF COPIES EACH | | f. DISPOSITION OF ORIGINALS <input type="checkbox"/> Return <input type="checkbox"/> Destroy | | | | | |
| 7. SPECIFICATIONS (X and complete all that apply) | | | | | | | | | | | | | | | |
| a. TYPE REPRODUCTION <input type="checkbox"/> Xerographic <input type="checkbox"/> Offset <input type="checkbox"/> Other (Specify) | | | b. PRINT <input type="checkbox"/> One Side <input type="checkbox"/> Head to Head <input type="checkbox"/> Head to Foot <input type="checkbox"/> Other (Specify) | | | c. FINISHED SIZE <input type="checkbox"/> 8-1/2 X 11 <input type="checkbox"/> Other (Specify) | | d. PAPER <input type="checkbox"/> White <input type="checkbox"/> Other (Specify) | | e. INK <input type="checkbox"/> Black <input type="checkbox"/> Other (Specify) | | | | | |
| f. COLLATE <input type="checkbox"/> Yes <input type="checkbox"/> No | | g. STAPLE <input type="checkbox"/> Yes <input type="checkbox"/> No | | h. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, location of staples, etc.) | | | | | | | | | | | |
| 8. REQUESTER CERTIFICATION. I certify that this work is authorized by regulations and is necessary to the conduct of official business. | | | | | | | | | | | | | | | |
| a. PRINTED NAME OF REQUESTER | | | b. SIGNATURE OF REQUESTER | | | | c. SIGNATURE OF PRINTING CONTROL OFFICIAL | | | | | | | | |
| PART B - APPROVAL (For reproduction unit use only) | | | | | | | | | | | | | | | |
| 9. DATE RECEIVED | | 10. PRIORITY | | 11. OPERATOR | | 12. DATE COMPLETED | | 13. NO. OF COPIES REPRODUCED | | 14. DATE RECEIVED BY REQUESTER | | 15. JOB RECEIVED BY | | 14. DATE REQUESTER NOTIFIED JOB IS COMPLETE | |

DD FORM 844, FEB 89 (EG)

*Consolidates DD Form 283 and DD Form 844,
which may be used until supply is exhausted.*